

STATE OF MONTANA

CONCEALED WEAPON PERMIT APPLICATION

To be completed by each person making application:

RESIDENT OF MONTANA AT LEAST 6 MONTHS () YES () NO

CITIZEN OF THE UNITED STATES () YES () NO

18 YEARS OF AGE OR OLDER () YES () NO

PLEASE TYPE OR PRINT

Full Name _____
Last First Middle

Alias/Maiden/Nickname: _____

Address: Home: _____
Street City State Zip

Employer: _____
Street City State Zip

Phone: _____ / _____ / _____
Home Employer Message

Place of Birth: _____ Date of Birth _____

Driver's License #: _____ Issuing State _____

Social Security # _____ Sex _____

Ht. _____ Wt. _____ Eyes _____ Hair _____

LIST EACH FORMER EMPLOYER OR BUSINESS ENGAGED IN FOR THE LAST (5) FIVE YEARS

Employer or Business Name	Address	Dates of Employment
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

LIST EACH PLACE IN WHICH YOU HAVE LIVED FOR THE LAST FIVE (5) YEARS:

City	State	Dates of Residence
27828. _____	_____	_____
27829. _____	_____	_____
27830. _____	_____	_____
27831. _____	_____	_____
27832. _____	_____	_____

MILITARY SERVICE, BRANCH _____ FROM _____ TO _____

TYPE OF DISCHARGE _____ RANK UPON DISCHARGE _____

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME OR FOUND GUILTY IN A COURT-MARTIAL PROCEEDING? () YES () NO

IF YES, COMPLETE THE FOLLOWING (Exceptions: minor traffic violations)

City	State	Charge	Date
28320. _____	_____	_____	_____
28321. _____	_____	_____	_____
28322. _____	_____	_____	_____
28323. _____	_____	_____	_____

LIST THREE PERSONS WHOM YOU HAVE KNOWN FOR AT LEAST FIVE (5) YEARS THAT WILL BE CREDIBLE WITNESSES TO YOUR GOOD MORAL CHARACTER AND PEACEABLE DISPOSITION (**DO NOT** include relatives or present/past employers):

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IN COMPLETE DETAIL, PLEASE EXPLAIN YOUR REASONS FOR REQUESTING THIS PERMIT:

I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

Signature

Date of application

This application MUST be signed in the presence of the Sheriff or his designee